

Registration District No. 10 1943

Primary Registration District No. 3008

Registrar's No. 339

1. PLACE OF DEATH

(a) County. Callaway
(b) City or town. Fullerton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 m 9 d
(Specify whether years, months or days)
In this community. 440

3. (a) PRINT FULL NAME

James C Taylor
3. (b) If veteran, name war. DK
3. (c) Social Security No. DK

4. Sex. Male
5. Color or race. White
6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Mary A Taylor
6. (c) Age of husband or wife if alive. 51 years
7. Birth date of deceased. July 20 1876
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 19
If less than one day hr. min.

9. Birthplace. Morgan County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation. Chain Laborer

11. Industry or business.

12. Name. Martin Taylor
13. Birthplace. St (City, town, or county) (State or foreign country)
14. Maiden name. St
15. Birthplace. Record (City, town, or county) (State or foreign country)

16. (a) Informant. Record

(b) Address.

17. (a) Removal (b) Date thereof. Oct. 16, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Kipwell, Mo.

18. (a) Signature of funeral director. Elmer G. Manpin

(b) Address. Fullerton

19. (a) Oct 15-43 (b) Joan Morinchoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Saline
(c) City or town. Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Oct day. 9 P. M.
year. 1943 hour. 6-15 minute.

21. I hereby certify that I attended the deceased from 8/27 1943 to 10/9 1943
that I last saw him alive on 10/9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic Myocarditis
Due to. Arteriosclerosis

Due to.

Other conditions. 93d
(Include pregnancy within 5 months of death)

Major findings: Of operations.
Of autopsy.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.

23. Signature. George H. Puro (M. D. or other) M.D.
Address. Fullerton Mo Date signed 10/9/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Glen Y. Maupin

Licensed Embalmer No.....

2725

P. O. Address.....

Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.